



Crews Into Shape TEAM REGISTRATION FORM



TEAM NAME _____ Number of people on team: _____ (4-10)

TEAM LEADER NAME: _____

Team Leader's Command: _____ Phone: _____ Team Leader Email : _____

CREW INFORMATION

Crew members include:

NAME (First, Last)	Command	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As Team Leader I will attend the initial meeting on

☐ **WED Feb. 23 at 12 p.m. - WNY Bldg. 200 3rd Floor NSAW Conference Room**

☐ **THURS Feb. 24 at 12 p.m. - ANA Bldg. 419 Racquetball Court**

Each team leader will receive packets for the team to start the March 1-28 Crews into Shape Team Challenge. Each team member will complete a Health and Fitness History Questionnaire and a "Crews into Shape" Contract by March 1.

Any additional questions please contact Fitness/Wellness Director at (202) 433-6423.